SERFF Tracking Number: CVKS-127621469 State: Arkansas State Tracking Number: Filing Company: Coventry Health and Life Insurance Company 49758

Company Tracking Number:

TOI: Sub-TOI: H16G Group Health - Major Medical H16G.001A Any Size Group - PPO

Fund Rider Product Name:

Project Name/Number:

Filing at a Glance

Company: Coventry Health and Life Insurance Company

Product Name: Fund Rider SERFF Tr Num: CVKS-127621469 State: Arkansas TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 49758

Closed

Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num:

State Status: Approved-Closed Filing Type: Form

Reviewer(s): Rosalind Minor

Implementation Date:

Author: Jennifer Simms Disposition Date: 09/27/2011 Date Submitted: 09/12/2011 Disposition Status: Approved-

Deemer Date:

Submitted By: Jennifer Simms

Closed

Implementation Date Requested: 11/01/2011

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: **Project Number:** Date Approved in Domicile: Requested Filing Mode: Review & Approval **Domicile Status Comments:**

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Employer Overall Rate Impact:

Filing Status Changed: 09/27/2011

State Status Changed: 09/27/2011 Created By: Jennifer Simms

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null Filing Description:

Rider to accommodate new product line focused on Wellness.

Company and Contact

Filing Contact Information

Jennifer Simms, Regulatory Compliance jesimms@cvty.com

Analyst

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Fund Rider

Project Name/Number:

8320 Ward Parkway 866-795-3995 [Phone] 4539 [Ext]

Kansas City, MO 64114 816-460-4695 [FAX]

Filing Company Information

Coventry Health and Life Insurance Company CoCode: 81973 State of Domicile: Delaware

8320 Ward Parkway Group Code: 1137 Company Type: LAH

Kansas City, MO 64114 Group Name: Coventry Health CareState ID Number:

(866) 795-3995 ext. 4539[Phone] FEIN Number: 75-1296086

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Coventry Health and Life Insurance Company \$50.00 09/12/2011 51472661

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Fund Rider

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	09/27/2011	09/27/2011

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Fund Rider

Project Name/Number:

Disposition

Disposition Date: 09/27/2011

Implementation Date: Status: Approved-Closed HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Fund Rider

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	covletter 2011 09 012	Approved-Closed	Yes
Form	Fund Rider	Approved-Closed	Yes

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Fund Rider

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule	_	Form Type Form Name	Action	Action Specific	Readability	Attachment
ltem	Number			Data		
Status						
Approved-	ALL-RID-	Certificate Fund Rider	Initial			ALL-RID-
Closed	09.11	Amendmen				09.11.pdf
09/27/2011		t, Insert				
		Page,				
		Endorseme				
		nt or Rider				



[Coventry] [PHS] Fund Rider

This [Coventry] [PHS] Fund Rider is attached to and made part of the Coventry Health Care, Inc. Benefit Documents and is effective on the date Your Group is effective or renews its coverage with the Plan. All definitions, terms and conditions of Your Benefit Document apply hereto unless expressly stated to the contrary in this Rider.

How Your Coventry Fund Works

Your benefit plan includes participation in the [Coventry] [PHS] Fund ("Fund"). At the beginning of Your Benefit Period, Your Fund account contains the amount specified below, plus any Fund rollover up to the Fund maximum. Your Fund account is available to reimburse You for Your costs for Deductible amounts up to the balance in Your Fund account.

Pro-ration of Your Fund Account

If You are not enrolled in Your Group's benefit plan at the beginning of the Benefit Period or in the event You are rehired within the Benefit Period, Your beginning balance in Your Fund account will be pro-rated for the amount of Benefit Period for which You will be enrolled. Pro-rating is calculated on a quarterly basis.

If You have a family status change during the Benefit Period, Your Fund balance will be pro-rated based on the new status. The amount, if any, in Your Fund rollover will not be adjusted as a result of this family status change.

When Your coverage is terminated, Your Fund account will be available to reimburse You up to one (1) year from Your termination date. At the end of that one (1) year period, any remaining Fund balance will revert to Us.

COVENTRY FUND*	AMOUNT
[Coventry] [PHS] Fund Balance (per Benefit Period) Individual Family	[\$0 - \$10,000] [\$0 - \$20,000]
[Coventry] [PHS] Fund Maximum Individual Family	[None; \$0 - \$20,000] [None; \$40,000]
[Coventry] [PHS] Fund Rollover Maximum (from Benefit Period to Benefit Period) Individual Family	[None; \$0 - \$10,000] [None; \$0 - \$20,000]

^{*}Each individual will receive an amount equal to the individual Fund level, with no account exceeding three (3) times the individual Fund level per family.

Your coverage under this Rider ends when Your coverage under the Group Agreement ends. If there is any conflict between this Rider and Your Group Agreement or the *Benefit Document*, the terms of this Rider shall control.

All other terms and conditions stated in Your Benefit Document remain unchanged.

ALL-RID-09.11 [Marketing Designation]

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Fund Rider

Project Name/Number:

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification Approved-Closed 09/27/2011

Comments:
Attachment:
FLESCH.pdf

Item Status: Status

Date:

Bypassed - Item: Application Approved-Closed 09/27/2011

Bypass Reason: n/a to this filing

Comments:

Item Status: Status

Date:

Bypassed - Item: PPACA Uniform Compliance Approved-Closed 09/27/2011

Summary

Bypass Reason: n/a to this filing

Comments:

Item Status: Status

Date:

Satisfied - Item: covletter 2011 09 012 Approved-Closed 09/27/2011

Comments:

This form is a new "product line" that pairs wellness incentives with a high deductible health (not qualified) plan by providing dollars towards a "savings" that can be used to off-set deductible expenses. This is a multi-year strategy benefit design intended to partner with employers to manage costs and drive behavior changes. This Rider helps communicate the "saving" ability that these incentives can provide to participants.

The brackets represent wording options that will be used exactly as depicted or removed, except numerical ranges that represent a minimum and maximum range.



Attested by:

Certification of Flesch Reading Ease

This document herby certifies that the submitted documents, referenced below, comply with the provisions of the Life, Accident and Health Insurance Policy Language Simplification Act of Arkansas.

Any policy language is drafted to conform to the requirements of any federal law, regulation, or agency interpretation, including medical terminology, defined words, and any other policy language required by state law or regulation.

Riders, amendments, applications, and other forms made a part of the policy may be scored as separate forms or as part of the policy with which they may be used.

This certification shall accompany every and shall be signed by an authorized representative of the insurer certifying that the filing meets the minimum reading ease score on the test used.

Signature	
Director, Regulatory Compliance,	Appeals, and Product Implementation
Form number(s) submitted:	
ALL-RID-09.11	Fund Rider
***************************************	7
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